

Case Number:	CM14-0135285		
Date Assigned:	08/29/2014	Date of Injury:	02/17/2006
Decision Date:	11/03/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 72-year-old female who reported an injury on 02/17/2006. The mechanism of injury was not stated. The current diagnosis is lumbar disc disease. Previous conservative treatment is noted to include medication management. The injured worker was evaluated on 04/21/2014 with complaints of persistent lower back pain. The physical examination revealed no acute distress, normal motor strength in the bilateral lower extremities, and decreased sensation in the bilateral L4 dermatomes. The current medication regimen includes Opana ER 15 mg, Opana IR 10 mg, Colace 100 mg, and Lidoderm 5% patch. The treatment recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Oxymorphone HCl Tablets 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized oxymorphone since 2012. There is no documentation of objective functional improvement. There is also no frequency or quantity listed in the request. As such, the request is not medically appropriate.